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NEWS NOTES

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FIRST ARMY ARTIFICIAL LIMB SHOP IN PHILIPPINES

Plans for the establishment of an artificial limb shop to fill the needs of the United States Army's Filipino amputees will get under way on April 15th when an orthopedic team of four officers, sixteen enlisted personnel, and two civilians will leave for the Philippines to set up the installation.

The first Army establishment of this type to be organized in the Philippines, the limb shop will provide facilities for training Filipino personnel in the manufacture of artificial limbs, in addition to supplying amputees' requirements. When the Filipinos are considered sufficiently skilled, the shop will be turned over to them for operation.

Captain John J. Keys, former Chief of the Orthopedic Limb Shop at McCloskey General Hospital, Temple, Texas, will head the team, assisted by First Lieutenant Edward S. Brown, Bushnell General Hospital; First Lieutenant Carol Stange, physiotherapist from McGuire General Hospital; and First Lieutenant Roger S. Noden, amputee from England General Hospital. The fifteen enlisted men and one enlisted WAC were selected from a number of General Hospitals, including McGuire, England, McCloskey, Percy Jones, Bushnell, Lawson, and Walter Reed. Welch Convalescent Hospital and England General Hospital provided the two civilian occupational therapists.

The new artificial limb center will be located at Manaluyong, about five and one-half miles from the heart of Manila. The two-fold purpose of establishing an organized artificial limb shop and instructing the Filipinos in the technique of limb construction will be accomplished in approximately six months, Captain Keys said.

EUROPEAN INFLUENZA MISSION REPORTS FINDINGS

With the recent history of influenza strongly indicating that an outbreak might occur during the winter of 1945, the Chief Surgeon, European Theater, Major General Albert W. Kenner, requested the assistance of The Surgeon General in establishing a diagnostic and control program, according

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EUROPEAN INFLUENZA MISSION REPORTS FINDINGS (Continued)

to an article prepared for the Bulletin of the Army Medical Department.

For this purpose, Dr. Jonas E. Salk, Consultant to The Secretary of War, and member of the Influenza Commission, Army Epidemiological Board, Preventive Medicine Service, Office of The Surgeon General; Lt. Colonel (then Major) Gustave J. Dammin, Chief of the Laboratories Branch, Office of The Surgeon General; and Lt. Victor Sprague, SnC, Army Medical School, were assigned in November of 1945 to General Kenner's office in Frankfurt.

Directives establishing an influenza program were prepared in conjunction with Colonel Tom Whayne, Chief, Preventive Medicine Division, and Colonel Jesse Edwards, Theater Laboratory Consultant.

Facilities for the diagnosis of influenza through use of chicken cell agglutination-inhibition antibody and virus isolation techniques were put in operation at the Theater Medical Laboratory at Darmstadt. Studies were instituted to determine the magnitude of the respiratory disease problem and the nature of the current respiratory diseases both in the military and civilian populations.

The Influenza Mission toured the military hospitals, civil internment camps, prisoner-of-war enclosures and civilian hospitals in the U. S. Zone of Germany and other areas where American soldiers were stationed. Hospital wards were visited, and clinical, epidemiological and laboratory aspects of influenza were discussed.

The findings of the Mission are extremely interesting from the epidemiological point of view. Clinical studies revealed the sporadic occurrence of influenza in the military and civilian populations. It was determined by laboratory studies that influenza A and B were present simultaneously in these populations. Conditions incident to the present status of these mobile, constantly changing populations, were conducive to spread. However, during the winter period when the appearance of epidemic influenza was considered most likely, such spread did not occur in Germany, although rates for other respiratory diseases, diphtheria and streptococcus infections, continued to rise. The findings support the contention that the influenza viruses in interepidemic periods are maintained in a human host reservoir as sporadic cases. Influenza B in epidemic proportions occurred in the United States in December of 1945 and in England in January of 1946. These epidemics occurred, one might say, as expected. This expected occurrence contributed to the decision to initiate an Army-wide influenza vaccination program in October, 1945.

With conditions in Germany favorable for the spread of influenza and knowledge of the presence of the viruses there established, the absence of epidemic influenza last winter is inconsistent with the commonly accepted concepts of influenza epidemiology.

NINE OFFICERS CITED AT MEDICAL DEPARTMENT'S MONTHLY MEETING

Nine awards, including one Typhus Medal, six Legions of Merit and two Bronze Stars, were presented to nine Medical Corps officers at the monthly meeting of the Medical Department, held at the Army Medical Center recently.

Colonel Thomas T. Mackie, MC, formerly with Detachment of Patients, Walter Reed General Hospital, was awarded the Typhus Medal. Those receiving Legions of Merit included: Colonel Don Longfellow, Chief, Division of Typhoid Research, Army Medical Center and Secretary of the Medical Department Professional Service Schools, Army Medical School; Colonel Arthur S. Touroff, MC, formerly with the Executive Office, Office of The Surgeon General; Colonel Rufus L. Holt, Secretary of the Army Medical School; Major Milton Friedman, MC, formerly Chief, Radiation Therapy Section, Walter Reed General Hospital; Lt. Col. John Appel, MC, formerly Chief, Mental Hygiene Branch, Neuropsychiatry Consultants Division, Office of The Surgeon General; and Colonel William F. Scheumann, DC, Director of the Army Dental School.

Bronze Stars were presented to Colonel J. A. McCallam, VC, Director of the Veterinary Division, Office of The Surgeon General; and Captain Stanley P. Bednarczyk, Operations Service, Office of The Surgeon General.

Medals for Merit were presented to three Civilian Consultants: Dr. Lewis H. Weed, Dr. Francis G. Flake, and Dr. Alfred Newton Richards.

ARMY PROGRAM PREVENTS IMPORTING OF DISEASE

There is little or no risk of introducing foreign disease into the United States through returning military personnel from abroad, according to an announcement by the Office of The Surgeon General, which pointed out that the most careful estimates anticipate only moderate danger in a few cases.

This conclusion was reached after a world-wide survey by the Inter-departmental Quarantine Commission, which was jointly established by the Secretaries of War and Navy and the Administrator of the Federal Security Administration to study this problem.

With the end of the war and return of the bulk of combat forces, it is now possible to review actual results on a preliminary basis. Though tentative, highly optimistic conclusions appear warranted, the announcement stated.

To date no acute outbreak or secondary spread of an imported disease has been reported. While more slowly evident diseases may be identified later, it should be remembered that the traffic of war has gone on for four years, giving ample time for discovery of such diseases.

The 440,000 hospitalizations for malaria reported among Army personnel during the war fall short of pessimistic predictions for what has proved to be the commonest infectious disease of troops abroad.

ARMY PROGRAM PREVENTS IMPORTING OF DISEASE (Continued)

Even with the consideration that a portion of infected persons are liable to recurrence after their return to the States, conditions in this country are generally unfavorable for the spread of malaria and the chances of community risk are very small.

The special danger of cholera, smallpox, plague, epidemic typhus, and yellow fever is a matter of historical record. Immunizations were employed against all these diseases by the Armed Forces along with water purification, environmental sanitation, and disinfestation and insect control. This preventive medicine program was exercised even under combat conditions and its effectiveness was shown by Army records. The high general level of sanitation, insect control, and alert medical care available here forms the final link in the protection of this country from imported diseases.

The risk of importing disease from abroad has been less in some respects than in normal prewar traffic and the credit for these results has been attributed to the modern preventive medicine program of the Army and Navy.

Cases of exotic disease did occur, the announcement stated, but extensive investigation of likely hazards and critical application of preventive and corrective measures were effective in reducing risks to small proportions.

MEDICAL TECHNICIAN POSTHUMOUSLY AWARDED MEDAL OF HONOR

Private First Class Frederick C. Murphy, Weymouth, Massachusetts, a medical technician with the 65th Infantry Division, "who saved many of his fellow soldiers at the cost of his own life," has been posthumously awarded the Medal of Honor.

The presentation will be made to his wife, Mrs. Virginia M. Murphy, of Quincy, Massachusetts.

On March 18, 1945, when the 65th Infantry Division launched its offensive to breach the Siegfried Line, Company "E" of the 259th Infantry Regiment attacked at dawn near Saurlautern, Germany. While the company was moving forward through heavy machine gun, artillery and mortar fire, Private Murphy was struck in the right shoulder by machine gun bullets. He refused to return to the rear, and advanced with the rest of the company to a heavily-sown mine field, where he immediately started treating the wounded. While moving among the men he stepped on a mine, which exploded and severed one of his feet.

"He struggled on with his work," the citation stated, "refusing to be evacuated, and crawling from man to man ministering to them while in great pain and bleeding profusely. He was killed by the blast of another mine, which he dragged himself across in trying to reach another casualty.

MEDICAL TECHNICIAN POSTHUMOUSLY AWARDED MEDAL OF HONOR (Continued)

"With indomitable courage, and unquenchable spirit of self-sacrifice and supreme devotion to duty, which made it possible for him to continue performing his tasks while barely able to move, he saved many of his fellow soldiers at the cost of his own life."

Private Murphy was inducted into the Army in November of 1943, and had been overseas since January of 1945.

PHYSICAL RECONDITIONING AND PHYSICAL THERAPY TO PRESENT JOINT EXHIBIT

A joint exhibit illustrating the physical therapy and physical reconditioning exercise programs conducted by the Army Medical Department will be presented by the Physical Reconditioning and Physical Therapy Branches, Office of The Surgeon General, at the National Convention of the American Association for Health, Physical Education and Recreation.

The convention will be held in the Jefferson Hotel in St. Louis, Missouri, from the ninth to the thirteenth of April. Items on display in the exhibit will include posters, charts, and photographs illustrating the physical reconditioning and therapy procedures, and remedial and developmental exercise apparatus. Representatives from both The Surgeon General's Office and the Physical Reconditioning staff of O'Reilly General Hospital, Springfield, Illinois, will be on hand to answer questions and demonstrate the use of equipment.

HOSPITALIZED VETERANS OFFERED U. S. ARMED FORCES INSTITUTE COURSES

Arrangements to provide educational opportunities through the USAFI for personnel in veterans' hospitals has been announced by the War Department.

Some ninety-odd correspondence and self-teaching courses prepared by the USAFI will be made available to hospitalized veterans in accordance with arrangements made with the Veterans Administration. The courses will be followed up by corresponding end-of-course tests such as are regularly given to personnel on active duty.

The Veterans' Administration has planned that lessons and tests submitted will be graded by the University of Wisconsin, which now grades lessons submitted by military personnel. Registration of courses, grading of lessons, administration and grading of tests and the recording of course completions for possible accreditation purposes will be the complete responsibility of the Medical Rehabilitation Service of the Veterans Administration. The Army supplies at one time bulk shipments to named veterans' hospitals.

Generally, personnel in veterans' hospitals have been unable to participate in educational programs. Such personnel could not enroll for

HOSPITALIZED VETERANS OFFERED U. S. ARMED FORCES INSTITUTE COURSES (Cont.)

services of the United States Armed Forces Institute. (USAFI services are limited to military personnel on active duty. Veterans who had enrolled for courses prior to discharge may, under circumstances, complete such courses.) On the other hand, veterans could not take advantage of educational programs provided for them until they had been separated from the veterans' hospitals. Therefore, this new arrangement is limited to hospitalized veterans.

GERMANS ATTEMPTED TO EMPLOY MALARIA AS A WEAPON IN WORLD WAR II

An effort on the part of the Germans to employ malaria as a military weapon by encouraging U. S. Army soldiers to disregard malaria prevention measures was discovered in German laboratory documents captured during the last phases of the war in Europe, according to a report submitted by Major Saul Jarcho, Director of the Medical Intelligence and Health Education Division, Preventive Medicine Service, Office of The Surgeon General.

The captured material, consisting of textbooks, reprints, and miscellaneous field notes, chiefly meteorological, also included a single sheet of paper on which was typewritten a short essay entitled "Italy's Malaria Belt."

Based on a theory that a case of malaria, along with subsequent relapses, will keep the soldier safe in the hospital and out of harm's way, the paper warns that anti-malarial drugs will upset the stomach and will "make the strongest man impotent." It also advises that mosquito nets keep out the fresh air and that a "regular guy" is not afraid of a few mosquitoes, anyway.

"The text," said Major Jarcho, "is an ingenious combination of truth and falsehood. Although malaria is by no means a harmless disease, the fatality rate in Italy is low and a soldier would be safer in a protected hospital than in the front lines. While it is true that atabrine, especially if taken on an empty stomach, is capable of producing digestive disturbances, there is no evidence that the drug produces either infertility or impotence."

The captured essay concludes with the jovial suggestion: "Well, you son-of-a-gun, what about a good malaria, so you won't count to the deads of the last attack before the war's end?"

"The wording of the broadside," commented Major Jarcho, "is familiar, friendly and colloquial. There are several errors which betray the German origin, e. g., mosquito-stitches for mosquito bites and right for right. Both the text and the emendations display familiarity with American slang."

ARRIVALS, OFFICE OF THE SURGEON GENERAL

BRIGADIER GENERAL GUY B. DENIT, USA, formerly Detachment of Patients, Walter Reed General Hospital, assigned as Chief, Operations Service.

COLONEL JOHN K. DAVIS, MC, Washington, D. C., formerly Headquarters, U. S. Forces, ETO, assigned to Personnel Service.

COLONEL ALLAN B. RAMSAY, MC, Washington, D. C., formerly Headquarters, AFMESPAC, APO 707, assigned to Personnel Service.

COLONEL TOM F. WHAYNE, MC, Clinton, Kentucky, formerly Headquarters, U. S. Forces, ETO, assigned to Personnel Service.

LIEUTENANT COLONEL MALCOLM E. BECKHAM, MAC, Washington, D. C., formerly Headquarters, U. S. Forces, ETO, assigned to Personnel Service.

MAJOR EDWARD G. AUSTIN, DC, Blanchester, Ohio, formerly Army-Navy Medical Procurement Office, New York, New York, assigned to Operations Service, Training Division, School Branch.

MAJOR SAUL STEINBERG, MC, Boston, Massachusetts, formerly MDRP, Tilton General Hospital, Fort Dix, New Jersey, assigned to Neuropsychiatry Consultants Division, Psychiatry Branch.

CAPTAIN CHARLES G. BROWNELL, SnC, Rochester, New York, formerly Fort Lawton, Washington, assigned to Personnel Service.

CAPTAIN JOHN M. DALEY, MC, Newton, Massachusetts, formerly MDRP, Tilton General Hospital, Fort Dix, New Jersey, assigned to Professional Administrative Service, Physical Standards Division, Induction and Appointment Branch.

CAPTAIN ANTHONY DEMATTIA, MAC, New York, New York, formerly Camp Sibert, Alabama, assigned to Operations Service, Training Division, Troop Training Branch.

CAPTAIN SAMUEL L. FRENCH, MC, Rumbley, Maryland, formerly 49th Medical Battalion, Fort Meade, Maryland, assigned to Professional Administrative Service, Physical Standards Division, Disposition and Retirement Branch.

CAPTAIN EARLE J. HARMER, JR., MAC, Washington, D. C., formerly MDRP, Tilton General Hospital, Fort Dix, New Jersey, assigned to Personnel Service, Military Personnel Division, Classification and Records Branch.

CAPTAIN DAVID HARTMAN, MC, New Rochelle, New York, formerly MDRP, Tilton General Hospital, Fort Dix, New Jersey, assigned to Professional Administrative Service, Physical Standards Division, Induction and Appointments Branch.

CAPTAIN EDWARD MARKS, MAC, Dorchester, Massachusetts, formerly MDRP, Tilton General Hospital, Fort Dix, New Jersey, assigned to Operations Service, Training Division.

CAPTAIN JOHN J. KEYS, CAC, Dupon, Illinois, formerly McCloskey General Hospital, Temple, Texas, assigned to Army Medical Research and Development Board, Amputation and Prosthesis Unit.

CAPTAIN ULA M. MORGAN, MAC, Dumont, Texas, formerly MDRP, Brooke Army Medical Center, Fort San Houston, Texas, assigned to Operations Service, Hospital and Domestic Operations Division, Medical Regulating Unit.

CAPTAIN JOHN S. SCHUEPPE, MC, Winnetka, Illinois, formerly MDRP, Tilton General Hospital, Fort Dix, New Jersey, assigned to Professional Administrative Service, Physical Standards Division, Induction and Appointment Branch.

ARRIVALS, OFFICE OF THE SURGEON GENERAL (Continued)

1ST LIEUTENANT VERNON E. BLYTHE, MAC, Allen, Texas, formerly MDRP, Brooke Army Medical Center, Fort Sam Houston, Texas, assigned to Personnel Service, Military Personnel Division, Procurement, Separation and Reserve Branch.

1ST LIEUTENANT ARTHUR J. COLLINS, MAC, Greensboro, North Carolina, formerly MDRP, Tilton General Hospital, assigned to Personnel Service, Military Personnel Division.

DEPARTURES, OFFICE OF THE SURGEON GENERAL

COLONEL KENNETH A. BREWER, MC, Oklahoma City, Oklahoma, formerly Personnel Service, assigned to MDRP, Brooke General Hospital, Fort Sam Houston, Texas.

COLONEL JAMES B. BROWN, MC, St. Louis, Missouri, formerly Surgical Consultants Division, General Surgery Branch, assigned to Detachment of Patients, Valley Forge General Hospital, Phoenixville, Pennsylvania.

COLONEL JOSEPH F. CROSEY, VC, Penn Yan, New York, formerly Veterinary Division, assigned to Presidio of San Francisco.

COLONEL ALFRED A. DELORNIER, MC, San Francisco, California, formerly Personnel Service, assigned to MDRP, Brooke General Hospital, Fort Sam Houston, Texas.

COLONEL FRANCIS R. DIEUAIDE, MC, Boston, Massachusetts, formerly Medical Consultants Division, Tropical Disease Treatment Branch, assigned to Separation Center, Fort Devens, Massachusetts.

COLONEL ESMOND R. LONG, MC, Wayne, Pennsylvania, formerly Professional Administrative Service, assigned to Separation Center, Indiantown Gap Military Reservation, Indiantown Gap, Pennsylvania.

COLONEL ALLAN E. RAMSAY, MC, Washington, D. C., formerly Personnel Service, assigned to MDRP, Tilton General Hospital, Fort Dix, New Jersey.

LIEUTENANT COLONEL NORMAN Q. FRILL, MC, New York, New York, formerly Neuropsychiatry Consultants Division, Psychiatry Branch, assigned to Separation Center, Fort Dix, New Jersey.

LIEUTENANT COLONEL EDWARD M. GUNN, MC, Providence, Rhode Island, formerly Operations Service, Training Division, Training Doctrine Branch, assigned to Separation Center, Fort Meade, Maryland.

LIEUTENANT COLONEL CARROLL E. KRICHBAUM, MC, Montclair, New Jersey, formerly Personnel Service, assigned to ETO.

LIEUTENANT COLONEL EDWARD R. WHITEHURST, MAC, Washington, D. C., formerly Personnel Service, Military Personnel Division, assigned to ETO.

MAJOR WILLIAM LEIFFER, MC, New York, New York, formerly Preventive Medicine Service, Infectious Disease Control Division, assigned to Separation Center, Fort Dix, New Jersey.

MAJOR DONALD L. ROSE, MC, Cincinnati, Ohio, formerly Reconditioning Consultants Division, assigned to Separation Center, Camp Atterbury, Indiana.

MAJOR ROBERT RYER, SnC, San Antonio, Texas, formerly Preventive Medicine Service, Civil Public Health and Nutrition Division, assigned to MDRP, Brooke Army Medical Center, Fort Sam Houston, Texas.

DEPARTURES, OFFICE OF THE SURGEON GENERAL (Continued)

CAPTAIN CHARLES G. BROWNELL, SnC, Rochester, New York, formerly Personnel Service, assigned to Army Medical Museum, Washington, D. C.

CAPTAIN DONALD B. HANLEY, MAC, Silver Springs, Maryland, formerly Supply Service, Liaison Branch, assigned to Walter Reed General Hospital.

CAPTAIN JOSEPH A. KEENEY, MAC, Chester, Pennsylvania, formerly Army Medical Research and Development Board, Development Division, assigned to Separation Center, Indiantown Gap Military Reservation, Indiantown Gap, Pennsylvania.

CAPTAIN JOHN H. MCINNIS, MAC, Girard, Ohio, formerly Historical Division, assigned to Separation Center, Camp Atterbury, Indiana.

CAPTAIN PAUL W. MURPHY, MAC, Worcester, Massachusetts, formerly Operations Service, Hospital and Domestic Operations Division, Medical Regulating Unit, assigned to Brooke Army Medical Center, Fort Sam Houston, Texas.

CAPTAIN JACK D. ROSENBAUM, MC, New Haven, Connecticut, formerly Personnel Service, assigned to Army Institute of Pathology, Army Medical Museum, Washington, D. C.

CAPTAIN HAROLD R. VAN FLARICON, MAC, Marion, Indiana, formerly Supply Service, Storage and Maintenance Division, Maintenance Branch, assigned to Army-Navy Medical Procurement Office, New York, New York.

1ST LIEUTENANT RICHARD F. BILLINGS, MAC, New Haven, Connecticut, formerly Supply Service, assigned to Separation Center, Fort Devens, Massachusetts.

PROMOTIONS, OFFICE OF THE SURGEON GENERAL

Colonel to Brigadier General

THOMAS L. SMITH, DC, Red Level, Alabama, Chief, Dental Consultants Division.

Lieutenant Colonel to Colonel

RAYMOND K. FARNHAM, MC, Scarsdale, New York, Professional Administrative Service, Physical Standards Division, Disposition and Retirement Branch.

Major to Lieutenant Colonel

JOHN W. APPEL, MC, Philadelphia, Pennsylvania, Neuropsychiatry Consultants Division, Mental Hygiene Branch.

GUSTAVE J. DAMMIN, MC, New York, New York, Preventive Medicine Service, Infectious Disease Control Division.

Captain to Major

ALONZO W. CLARK, MAC, New York, New York, Operations Service, Hospital and Domestic Operations Division, Hospital Construction Branch.

ROBERT N. READ, MAC, North Olmsted, Ohio, Supply Service, Reports and Records Branch.